## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Now or Never PAC	C C00513432
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Smart Media Group LLC	Date of Public Distribution/Dissemination
Mailing Address 814 King Street	
Suite 400	Amount
City State Zip Code	45000.00
Alexandria VA 22314	Transaction ID : SE.4574  Date of Disbursement or Obligation
Purpose of Expenditure Media Production and Placement  Category/ Type  004	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 01
TIMOTHY A HUELSKAMP Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disb 220515.00  2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Only State Zip State	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Todi To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	45000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	45000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
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Signature	